| 6 | Please type a plus sign (| (+) e this box ——— | + | A | v | e through 10/3: | PTO/SB/122 (10-00) 1/2002. OMB 0651-0035 | |
|---------------------|---|---|------------------------|------------------------|---------------------------------------|-----------------|---|--|
| MAY | 2 7 2003 Conter the Paperwork Reduction A | ct of 1995, no persons are required to | U.S. respond to a c | . Patent and Tra | ademark Office | e: U.S. DEPART | TMENT OF COMMERCE | |
| S. Carrie | F 53 | \$3 | | Application Number | | | 30/601 | |
| 18.3 | CORRESPONDENCE ADDRESS | | Filing Date | | 8/14/01 | | | |
| | | Application Address to: | | First Named Inventor | | | Mark Monuel | |
| | | | | Group Art Unit | | | y122 | |
| | Assistant Commissioner fo | Examiner Name | | | Bonald Heckenberg | | | |
| , | Washington, D.C. 20231 | washington, D.C. 20231 | | Attorney Docket Number | | 7 | 199-003 | |
| | Please change the Correspondence Address for the above-identified application to: Customer Number Type Customer Number here Place Ci Number Label h | | | | | | o Customer ber Bar Code ol here | |
| | OR | OR , | | | | | | |
| | Firm or Individual Name John G. Chupa | | | | | | | |
| | Address | Law Offices of John Chupa & Associates, P.C. | | | | | | |
| • | Address | 28535 Orchard Lake Rd. Ste | ite, 60 | | | | | |
| | City | Farmington Hills | | State | MI | ZIP | 48334 | |
| | Country | USA V | | | · · · · · · · · · · · · · · · · · · · | | | |
| | Telephone | (248) 324-7787 | Fax (248) 324-7784 | | | | 7784 | |
| | This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). | | | | | | | |
| | | | | | | | BECENE | |
| Applicant/Inventor. | | | | | | MAY 3 0 2003 | | |
| | Assigned of Statement of | Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). TC 1700 | | | | | | |
| | Attorney or A | Attorney or Agent of record. | | | | | | |
| | Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number | | | | | | | |
| | Typed or Printed John G. Chup | | | · | | | | |
| | Date 5-22-03 NOTE/Signatures of all the Inventor of scalars and fine the state of | | | | | | | |
| | | | | | | | | |
| | forms if more than one signatur is r | NOTE/Signatures of all the inventors or assigne s of record of the ntir interest or their representative(s) ar required. Submit multiple forms if more than one signatur is r quired, see b low*. | | | | | | |
| | *Total of forms a | *Total of forms are submitted. | | | | | | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.